

--Quitclaim Deed- Individual or Corporation (single sheet)
CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT- THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY

THIS INDENTURE, made on the 21st day of July in the year 2020

BETWEEN

ATLANTIC AVENUE COMMONS LLC, having an address at C/O JAY L. YACKOW, ESQ. 355 POST AVENUE, SUITE 201, WESTBURY, NY 11590

party of the first part, and ATLANTIC 111 ST., LLC, having an address at 110-19 ATLANTIC AVENUE, RICHMOND HILL, NY 11418

party of the second part,

WITNESSETH, that the party of the first part, in consideration of TEN DOLLARS paid by the party of the second part, does hereby remise, release and quitclaim unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the
See SCHEDULE "A" ATTACHED HERETO AND MADE A PART HEREIN.

BEING AND INTENDED TO BE THE SAME PREMISES CONVEYED TO THE PARTY OF THE FIRST PART BY DEED DATED SEPTEMBER 18, 2019.

TOGETHER with all right, title and interest, if any, of the party of the first part of, in and to any streets and roads abutting the above-described premises to the center lines thereof; **TOGETHER** with the appurtenances and all the estate and rights of the party of the first part in and to said premises; **TO HAVE AND TO HOLD** the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

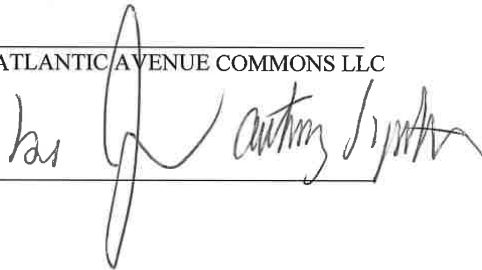
AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

ATLANTIC AVENUE COMMONS LLC



ACKNOWLEDGMENT TAKEN IN NEW YORK STATE

State of New York, County of NASSAU, ss:

On the 23rd day of August in the year 2020, before me, the undersigned personally appeared JARNAIL SINGH personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

CHERYL A. TUFANO
Notary Public, State of New York
No. 4791311
Qualified in Nassau County
Commission Expires December 31, 2021

ACKNOWLEDGMENT TAKEN IN NEW YORK STATE

State of New York, County of _____, ss:

On the ___ day of _____ in the year _____, before me, the undersigned personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

ACKNOWLEDGMENT BY SUBSCRIBING WITNESS TAKEN IN NEW YORK STATE

State of New York, County of _____, ss:

On the ___ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in _____ (if the place of residence is in a city, include the street and street number if any, thereof); that he/she/they know(s) to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto.

NOTARY PUBLIC

ACKNOWLEDGMENT TAKEN OUTSIDE NEW YORK STATE

State of New York, County of _____, ss:

On the ___ day of _____ in the year _____, before me, the undersigned personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual make an appearance before the undersigned in the _____ (add city or political subdivision and the state or country or other place the acknowledgment was taken).

NOTARY PUBLIC

Quitclaim Deed

ATLANTIC AVENUE COMMONS LLC

TO

ATLANTIC 111 ST. LLC

COUNTY: QUEENS

TOWN/CITY:

PROPERTY ADDRESS: 110-19 ATLANTIC AVENUE, RICHMOND HILL, NY 11418

SECTION

BLOCK: 9317

LOT: 21

RETURN BY MAIL TO:

ATLANTIC 111 ST. LLC
110-19 ATLANTIC AVENUE
RICHMOND HILL, NY 11418
ATTN: JARNAIL SINGH



Department of
Housing Preservation
& Development
nyc.gov/hpd

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

AFFIDAVIT IN LIEU OF REGISTRATION STATEMENT

County of NEW YORK) SS.:

State of New York)
ATLANTIC 111 ST. LLC, being duly sworn, deposes and says:

- 1) I am personally familiar with the real property known by the street address of (insert street address):
110-19 ATLANTIC AVE Block 9317, Lot 21,
and make this Affidavit as (describe capacity in which affidavit is made) _____
in connection with a deed/lease/memorandum of lease (delete inapplicable description) which transfers an
interest in the above real property, that is dated _____, and is
between ATLANTIC AVENUE COMMONS LLC and ATLANTIC 111ST LLC.
- 2) The statements made in the Affidavit are true of my own knowledge, and I submit this Affidavit in order
that this Instrument be accepted for recording without being accompanied by a registration statement, as
such is defined by Article 2 of Subchapter 4 of Chapter 2 of Title 27 of the Administrative Code of the
City of New York.
- 3) Exemption from registration is claimed because the Instrument affects neither (a) an entire multiple
dwelling as such is defined by §27-2004(a)(7) of Article 1 of Subchapter 1, of Chapter 2 of Title 27 of the
Administrative Code of the City of New York and New York State Multiple Dwelling Law §4(7) nor (b)
a private dwelling as such is defined by §27-2004 (a) (4) of Article 1 of Subchapter 1 of Chapter 2 of
Title 27 of the Administrative Code of the City of New York and of the New York State Multiple
Dwelling Law §4(6) that is required to register pursuant to, Article 2 of Subchapter 4 of Chapter 2 of Title
27 of the Administrative Code of the City of New York. The Instrument does not affect a multiple
dwelling because it affects the following (check applicable item):
 - ☒ a commercial building
 - ☐ a one-or two family dwelling whose owner or a family member resides in the dwelling
 - ☐ a condominium unit in a multiple dwelling
 - ☐ cooperative corporation shares relating to a single residential unit in a multiple dwelling
 - ☐ mineral, gas, water, air or other similar rights not affecting a multiple dwelling
 - ☐ lease of commercial space in a multiple dwelling
 - ☐ vacant land
- 4) I am aware that this Affidavit is required by law to be submitted in order that the Instrument be recorded
or accepted for recording without being accompanied by a registration statement. I am aware that any
false statements made in this Affidavit may be punishable as a felony or misdemeanor under Penal Law
Article 210 or as an offense under Administrative Code of the City of New York §10-154.

Sworn To Before Me This

24th Day of August, 2020
Cheryl A. Tufano
Notary Public

CHERYLA A. TUFANO
Notary Public, State of New York
No. 4791311

Qualified in Nassau County
Commission Expires December 31, 2022

Signature

Address

Telephone #



Printed on paper containing 30% post-consumer material.



The City of New York
Department of Environmental Protection
Bureau of Customer Services
59-17 Junction Boulevard
Flushing, NY 11373-5108

Customer Registration Form for Water and Sewer Billing

Property and Owner Information:

- (1) Property receiving service is located in the Borough of **QUEENS**
Block: **9317** Lot: **21**
- (2) Account Number (if applicable):
Meter Number (if available - include the letter):
- (3) Street Address of Property Receiving Service:
Street **110-19 ATLANTIC AVENUE** City **QUEENS** State **NY** Zip **11418**
- (4) Full name, mailing address, home phone and business phone numbers of owner of property receiving service:
(please provide information on owner ONLY; do NOT give information on property manager or tenant):
Owner's Name Business: **ATLANTIC 111ST LLC**
or Individual:
(Last Name) (First Name) (MI)
- Street **110-19 ATLANTIC AVENUE** City **RICHMOND HILL** State **NY** Zip **11418**
Home Phone(Numbers Only): Business Phone(Numbers Only): **718-709-4663**

Customer Billing Information:

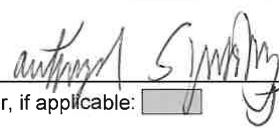
PLEASE NOTE:

- A. Water and sewer charges are the legal responsibility of the owner of a property receiving water and/or sewer service. The owner's responsibility to pay such charges is not affected by any lease, license or other arrangements, or any assignment of responsibility for payment of such charges.
- B. Water and sewer charges constitute a lien on the property until paid. In addition to legal action against the owner, a failure to pay such charges when due may result in foreclosure of the lien by the City of New York, or the property being placed in a lien sale by the City.
- C. Original bills for water and/or sewer service will be mailed to the owner, at the owner's address specified on this form. DEP will provide a duplicate copy of bills to one other party (such as a managing agent) if so requested below, provided, however, that any failure to delay by DEP in providing duplicate copies of bills shall in no way relieve the owner from his/her/its liability to pay all outstanding water and sewer charges.
- (5) If you would like a duplicate copy of bills sent to another party, please check here ☐ and fill out the following information:
Name of Party to Receive Duplicate Copies of Bills:
- (6) Mailing Address: Street City State **NY** Zip
- (7) Relationship to Owner (check one): Managing Agent ☐ Mortgagee ☐
Tenant ☐ Other (please explain):

Owner's Approval

The undersigned certifies that he/she/it is the owner of the property receiving service referenced above; that he/she/it has read and understands Paragraphs A, B, C under the section captioned "Customer Billing Information"; and that the information supplied by the undersigned on this form is true and complete to the best of his/her/its knowledge.

- (8) Owner's EIN or SSN(Numbers only): **27-3462063** E-mail: **atlantic111st@yahoo.com**
(9) Name of Owner: **ATLANTIC 111ST LLC**

- (10) Signature: 
Name and Title of Person Signing for Owner, if applicable: **Anthony S. Smith**
Date(mm/dd/yyyy): **08/24/2019**

Barrister Land LLC

Search No.:	BR40609Q
State	NEW YORK
Town	Richmond Hill
County	Queens
Tax Designation	Block 9317 Lot 21
Street No.:	110-19 Atlantic Avenue, Richmond Hill, N.Y.

**SCHEDULE A
DESCRIPTION OF PREMISES**

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the Borough and County of Queens, City and State of New York, bounded and described as follows:

BEGINNING at the corner formed by the intersection of the westerly side of the 111th Street and northerly side of Atlantic Avenue;

RUNNING THENCE Northerly along the westerly side of 111th Street, 124.26 feet;

THENCE Westerly at right angles to the westerly side of 111th Street, 100.11 feet;

THENCE Southerly at right angles to the last described course, 25.02 feet;

THENCE Westerly at right angles to the last described course, 20.02 feet;

THENCE Southerly at right angles to the last described course, 98.36 feet to the northerly side of Atlantic Avenue;

THENCE Easterly along the northerly side of Atlantic Avenue, 120.13 feet to the corner aforesaid, the point or place of BEGINNING.

Said premises being known as: 110-19 Atlantic Avenue, Richmond Hill

Block 9317 Lot: 21



NYC
RPT

NEW YORK CITY DEPARTMENT OF FINANCE
REAL PROPERTY TRANSFER TAX RETURN
(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

TYPE OR PRINT LEGIBLY

If the transfer involves more than one grantor or grantee or a partnership, the names, addresses and Social Security Numbers or Employer Identification Numbers of all grantors or grantees and general partners must be provided on Schedule 3, page 3.



GRANTOR

● Name
ATLANTIC AVENUE COMMONS LLC

● Grantor is a(n): ☐ individual ☐ partnership (must complete Schedule 3) Telephone Number
☐ corporation ☒ other **Single Member LLC**

● Permanent mailing address after transfer (number and street)
C/O JAY YACKOW, ESQ. 355 POST AVENUE

● City and State
WESTBURY, NY Zip Code
11590

● EMPLOYER IDENTIFICATION NUMBER
84 - 3073525 OR ● SOCIAL SECURITY NUMBER

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

● RETURN NUMBER ▲

● DEED SERIAL NUMBER ▲

● NYS REAL ESTATE TRANSFER TAX PAID ▲

GRANTEE

● Name
ATLANTIC 111ST LLC

● Grantee is a(n): ☐ individual ☐ partnership (must complete Schedule 3) Telephone Number
☐ corporation ☒ other **Single Member LLC**

● Permanent mailing address after transfer (number and street)
110-19 ATLANTIC AVENUE

● City and State
RICHMOND HILL, NY Zip Code
11418

● EMPLOYER IDENTIFICATION NUMBER
27 - 3462063 OR ● SOCIAL SECURITY NUMBER

PROPERTY LOCATION

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	Assessed Value of Property
110-19 ATLANTIC AVENUE		QUEENS	9317	21	2	15,585	1,029,150.00

● DATE OF TRANSFER TO GRANTEE: **9/18/2019** **08/24/2020** ● PERCENTAGE OF INTEREST TRANSFERRED: **100** %

CONDITION OF TRANSFER See Instructions

● Check (✓) all of the conditions that apply and fill out the appropriate schedules on pages 5-11 of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.

- | | |
|---|--|
| <p>a. <input checked="" type="checkbox"/> Arms length transfer</p> <p>b. <input type="checkbox"/> Transfer in exercise of option to purchase</p> <p>c. <input type="checkbox"/> Transfer from cooperative sponsor to cooperative corporation</p> <p>d. <input type="checkbox"/> Transfer by referee or receiver (complete Schedule A, page 5)</p> <p>e. <input type="checkbox"/> Transfer pursuant to marital settlement agreement or divorce decree</p> <p>f. <input type="checkbox"/> Deed in lieu of foreclosure (complete Schedule C, page 6)</p> <p>g. <input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete Schedule D, page 6)</p> <p>h. <input type="checkbox"/> Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E, page 7)</p> <p>i. <input type="checkbox"/> Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)</p> <p>j. <input type="checkbox"/> Gift transfer not subject to indebtedness</p> <p>k. <input type="checkbox"/> Gift transfer subject to indebtedness</p> <p>l. <input type="checkbox"/> Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7)</p> | <p>m. <input type="checkbox"/> Transfer to a governmental body</p> <p>n. <input type="checkbox"/> Correction deed</p> <p>o. <input type="checkbox"/> Transfer by or to a tax exempt organization (complete Schedule G, page 8)</p> <p>p. <input type="checkbox"/> Transfer of property partly within and partly without NYC</p> <p>q. <input type="checkbox"/> Transfer of successful bid pursuant to foreclosure</p> <p>r. <input type="checkbox"/> Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security</p> <p>s. <input type="checkbox"/> Transfer wholly or partly exempt as a mere change of identity or form of ownership. Complete Schedule M, page 9</p> <p>t. <input type="checkbox"/> Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R, pages 10 and 11)</p> <p>u. <input type="checkbox"/> Other transfer in connection with financing (describe): _____</p> <p>v. <input checked="" type="checkbox"/> Other (describe): pursuant to settlement</p> |
|---|--|

● TYPE OF PROPERTY (✓)

a. ☐ 1-3 family house
b. ☐ Individual residential condominium unit
c. ☐ Individual cooperative apartment
d. ☐ Commercial condominium unit
e. ☐ Commercial cooperative
f. ☐ Apartment building
g. ☐ Office building
h. ☐ Industrial building
i. ☐ Utility
j. ☒ OTHER. (describe):
COMMERCIAL REAL ESTATE

● TYPE OF INTEREST (✓)

Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer.

REC.		NON REC.
a. <input checked="" type="checkbox"/>	Fee	<input type="checkbox"/>
b. <input type="checkbox"/>	Leasehold Grant	<input type="checkbox"/>
c. <input type="checkbox"/>	Leasehold Assignment or Surrender	<input type="checkbox"/>
d. <input type="checkbox"/>	Easement	<input type="checkbox"/>
e. <input type="checkbox"/>	Development Rights	<input type="checkbox"/>
f. <input type="checkbox"/>	Stock	<input type="checkbox"/>
g. <input type="checkbox"/>	Partnership Interest	<input type="checkbox"/>
h. <input type="checkbox"/>	OTHER. (describe):	<input type="checkbox"/>

SCHEDULE 1 - DETAILS OF CONSIDERATION

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 11. ENTER "ZERO" ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

1. Cash.....	1.	0 00
2. Purchase money mortgage.....	2.	0 00
3. Unpaid principal of pre-existing mortgage(s).....	3.	0 00
4. Accrued interest on pre-existing mortgage(s).....	4.	0 00
5. Accrued real estate taxes.....	5.	0 00
6. Amounts of other liens on property.....	6.	0 00
7. Value of shares of stock or of partnership interest received.....	7.	0 00
8. Value of real or personal property received in exchange.....	8.	0 00
9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee.....	9.	0 00
10. Other (describe):.....	10.	0 00
11. TOTAL CONSIDERATION (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions).....	11.	\$0 00

See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.

SCHEDULE 2 - COMPUTATION OF TAX

A. Payment		Pay amount shown on line 14 - See Instructions	Payment Enclosed
			\$0.00
1	Total Consideration (from line 11, above).....	1.	\$0 00
2	Excludable liens (see instructions).....	2.	
3	Consideration (Line 1 less line 2).....	3.	\$0 00
4	Tax Rate (see instructions).....	4.	%
5	Percentage change in beneficial ownership (see instructions).....	5.	50 %
6	Taxable consideration (multiply line 3 by line 5).....	6.	\$0 00
7	Tax (multiply line 6 by line 4).....	7.	\$0 00
8	Credit (see instructions).....	8.	
9	Tax due (line 7 less line 8) (if the result is negative, enter zero).....	9.	\$0 00
10	Interest (see instructions).....	10.	
11	Penalty (see instructions).....	11.	
12	Total tax due (add lines 9, 10 and 11).....	12.	\$0 00
13	Filing Fee.....	13.	
14	Total Remittance Due (line 12 plus line 13).....	14.	\$0 00

SCHEDULE 3 - TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEE(S) OR A PARTNERSHIP**NOTE** If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.**GRANTOR(S)/PARTNER(S)**

NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

GRANTEE(S)/PARTNER(S)

NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

GRANTOR'S ATTORNEY ▼

Name of Attorney JAY YACKOW		Telephone Number (516) 997-4040	
Address (number and street) 355 POST AVE, SUITE 201		City and State WESTBURY, NY	Zip Code 11590
EMPLOYER IDENTIFICATION NUMBER [] - [] - []	OR	SOCIAL SECURITY NUMBER [] - [] - []	

GRANTEE'S ATTORNEY ▼

Name of Attorney PRYOR & MANDELUP, L.L.P.		Telephone Number (516) 997-0999	
Address (number and street) 675 OLD COUNTRY ROAD		City and State WESTBURY, NY	Zip Code 11590
EMPLOYER IDENTIFICATION NUMBER [] - [] - []	OR	SOCIAL SECURITY NUMBER [] - [] - []	

CERTIFICATION ▼

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

GRANTOR		GRANTEE	
Sworn to and subscribed to	84-3073525	Sworn to and subscribed to	27-3462063
before me on this <u>24th</u> day	EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	before me on this _____ day	EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
of <u>ARVEST, LLC</u>	ATLANTIC AVENUE COMMONS, LLC	of _____	ATLANTIC 111ST LLC
Name of Grantor		Name of Grantee	
Signature of Notary <u>Cheryl A. Tufano</u>	Signature of Grantor <u>[Signature]</u>	Signature of Notary	Signature of Grantee
Notary Public, State of New York No. 4791311 Commission Expires December 31, <u>2021</u>		Notary's stamp or seal	

GRANTEE: To ensure that your property and water/sewer tax bills are sent to the proper address you must complete the Registration forms included in this packet. Owner's Registration Cards can also be obtained by calling the Department of Finance at (718) 935-9500.



FINANCE
NEW YORK
CITY OF NEW YORK
DEPARTMENT OF FINANCE

PROPERTY OWNER'S REGISTRATION FORM

NEW YORK CITY DEPARTMENT OF FINANCE CENTRAL REGISTRATION 59 MAIDEN LANE, 20TH FLOOR, NEW YORK, NY 10038

ONLY ONE (1) PROPERTY (BLOCK AND LOT) MAY BE REGISTERED WITH THIS CARD. MAKE PHOTOCOPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY.

Type or print in ink. Additional instructions appear on the reverse side of this form.

PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)

1. Borough the property is in: QUEENS Block: 9 31 7 Lot: 2 1

2a. Owner's name - FILL EITHER 2A OR 2B ONLY ▼

Individual Owner FIRST M. I. LAST

2b. Business Owner ATLANTIC 111ST LLC

3. Owner's Business or Property Address
110-19 ATLANTIC AVENUE

City RICHMOND HILL State NY Zip Code 11418

4. Property Address
110-19 ATLANTIC AVENUE

City RICHMOND HILL State NY Zip Code 11418

5. If the property has more than one owner, check this box and see instructions - ☐

6. Owner's Tax Identification Number -

SSN (if owner is an individual or trust) OR EIN (if owner is a corporation or partnership)

27 3 4 6 2 0 6 3

7. Indicate owner's daytime telephone number ()

BILLING INFORMATION - REAL ESTATE TAX BILLS

IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LENDER IN THE SPACE PROVIDED IN 9 BELOW. IF NOT, FILL IN THE NAME AND ADDRESS TO WHICH YOU ARE CHOOSING TO HAVE REAL ESTATE TAX BILLS SENT.

8. Indicate to whom Real Estate Tax bills should be mailed (Check ☒ one) ▼

Bank/Lender ☐ Owner ☒ Tenant ☐ Agent ☐

If "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

2 7 3 4 6 2 0 6 3

9. Name of Real Estate Tax Bill Recipient

Address

City State Zip Code

Have you recently paid off your mortgage? (✓) ☐ Yes ☒ No

BILLING INFORMATION - SPECIAL ASSESSMENT BILLS

INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE 10)

10. TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient ATLANTIC 111ST LLC

Address 110-19 ATLANTIC AVENUE

City RICHMOND HILL State NY Zip Code 11418

Relationship of addressee to property (Check ☒ one) ▼

Owner ☒ Tenant ☐ Agent ☐

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient

Address

City State Zip Code

Relationship of addressee to property (Check ☒ one) ▼

Owner ☐ Tenant ☐ Agent ☐

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

11. Signature of owner or corporate officer (required by statute) 12. Date

If you need assistance in completing this form, please call Taxpayer Assistance at 212-504-4080. Si usted necesita recibir asistencia en Español para llenar este formulario, llame al 212-504-4080 y solicite un Representante que hable Español.

FOR OFFICE USE ONLY

- INSTRUCTIONS FOR COMPLETING OWNER'S REGISTRATION CARD -**LINE 1**

Enter the borough in which the property is located and the block and lot numbers of the property. Only one property (block and lot) may be registered with this card. Make photocopies if you want to register more than one property.

LINE 2A

Enter the full name of the owner if the property is owned by an individual. Please **DO NOT** abbreviate. If the property has more than one owner, see instructions for line 5.

LINE 2B

Enter the name of the owner if the property is owned by a business entity. If the property has more than one owner, see instructions for line 5.

LINE 3

Enter the address of the owner. (Please note that the address at which the owner lives, or at which the company is located, is not necessarily the property address itself.)

LINE 4

Enter the actual address of the property.

LINE 5

Check the box if the property has more than one owner, and attach an additional sheet with the name, address and EIN/SSN of the other owner(s). Include the property block and lot number.

LINE 6

Enter the owner's Social Security Number, or if the owner is a corporation or partnership, enter the Employer Identification Number.

LINE 7

In order that we may provide you with better service, please provide a telephone number at which you can be reached during normal business hours.

IMPORTANT

If your mortgage payments include your real estate taxes, fill in the name and address of your bank/lender in the space provided on line 9. If not, fill in the address to which you are choosing to have real estate tax bills sent.

LINE 8

Check the box next to the appropriate relationship. For example, if bills are to be sent to your bank/lender, check the box which is marked "Bank/Lender." Enter the social security number or employer identification numbers for tenants and agents, as applicable.

LINE 9

Enter the name and address to which you would like Real Estate Tax bills mailed.

LINE 10

Special Assessment bills are for items such as Sidewalk Assessment, Mall Maintenance and Boiler and Elevator Inspection Charges. In most cases the owner should register to receive these bills. Enter the name and address to which Special Assessment bills should be sent. Enter the social security number or employer identification numbers for tenants and agents, as applicable.

LINE 11

The owner or corporate officer **must** sign the Registration Card in order for it to be valid.

LINE 12

Indicate the date signed. The law provides that senior citizens and handicapped taxpayers may designate someone to receive duplicate tax bills. If you are interested, contact **Customer Assistance** at 212-504-4080 and ask for a third party notification form.

IF YOU NEED FURTHER ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL 212-504-4080.

SI USTED NECESITA RECIBIR ASISTENCIA EN ESPAÑOL PARA LLENAR ESTO FORMULARIO, LLAME 212-504-4080.

**THE NEW YORK CITY
DEPARTMENT OF FINANCE
NOW PROVIDES ON LINE
OWNER'S REGISTRATION
VIA THE WORLD WIDE WEB**

You can use your personal computer and modem to access an "on line" version of the Property Owner's Registration form that can be submitted via the World Wide Web. It's quick, it's simple, and here's how:

1. Logon to the following address:
nyc.gov/finance/cityforms
2. Click on the "Property Owner's Registration form" link and follow the instructions
3. Complete the registration form by typing all the required information in the prompted fields
4. Click on "Send to Finance" to file your registration

PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for owners of real property is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Disclosure by tenants and agents is voluntary. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the taxpayer gives written authorization to the Department of Finance.

BCCS Customer Registration Form (Rev. 7/97)

Instructions for filling out this Customer Registration Form

- (1) **Borough - Block - Lot and Meter Number:** Enter the borough in which the premise is located followed by its block and lot numbers. If the water meter number is available, provide this as well.
- (2) **Service Address:** Enter the address of the premise.
- (3) **Mailing Address:** Enter the address of the owner if it is different from the Service Address.
- (4) **Owner's Name:** Enter the name of the business if the owner is a business. Enter the Last Name, First Name and Middle Initial of the owner if the owner is an individual.
- (5) **Owner's Telephone Number:** Enter the owner's home and business telephone number, including the area codes.
- (6) **Account Number:** Enter the customer's account number.
- (7) **Customer Name:** Enter the name of the individual or the business responsible for paying the water/sewer bills for this premise.
- (8) **Mailing Address:** Enter the mailing address including the zip code of the individual or business responsible for paying the water/sewer bills at this premise.
- (9) **Relationship of Customer to this premise:** Check one option to identify the relationship to the premise.
- (10) **Owner's EIN or SSN:** Enter the owner's EIN (Employer Identification Number) if the owner is a corporation or a partnership. Enter the Owner's SSN (Social Security Number) if the owner is an individual.
- (11) **Name and Title:** Print the name and title (if applicable) of the corporate officer or owner who will sign this form.
- (12) **Owner or Officer Signature:** The owner or corporate officer must sign the registration form in order for it to be valid. Please indicate the date the form is signed.

Important Information for New Property Owners

All new property owners must complete a Customer Registration Form. This will ensure that water and sewer bills are mailed to the customers who are responsible for making payments. Please make sure that the form is completed accurately. Our Customer Service Representatives may be contacted at (718) 595-7000 if you have any questions pertaining to the Customer Registration Form or if you need assistance in completing the form.

Please return the completed form to:

Department of Environmental Protection
Bureau of Customer and Conservation Services
Att'n: Registration and Return Mail Unit
59-17 Junction Boulevard, 7th Floor
Corona, NY 11368-5107

**AFFIDAVIT OF COMPLIANCE
WITH SMOKE DETECTOR REQUIREMENT
FOR ONE- AND TWO-FAMILY DWELLINGS**

State of New York)
) SS.:
County of Nassau)

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the grantor and grantee of the real property or of the cooperative shares in a cooperative corporation owning real property located at

110-19 ATLANTIC AVE.

Street Address	Unit/Apt.
QUEENS	
New York,	9317 21
Borough	Block Lot

(the "Premises");

That the Premises is a one or two family dwelling, or a cooperative apartment or condominium unit in a one- or two-family dwelling, and that installed in the Premises is an approved and operational smoke detecting device in compliance with the provisions of Article 6 of Subchapter 17 of Chapter 1 of Title 27 of the Administrative Code of the City of New York concerning smoke detecting devices;

That they make affidavit in compliance with New York City Administrative Code Section 11-2105 (g). (The signatures of at least one grantor and one grantee are required, and must be notarized).

ATLANTIC AVENUE COMMONS, LLC

ATLANTIC 111 ST LLC

Name of Grantor (Type or Print)

Name of Grantee (Type or Print)

Signature of Grantor

Signature of Grantee

Sworn to before me
this _____ date of

Sworn to before me

this _____ date of

19 ____

Cheryl A. Tufano
CHERYL A. TUFANO
Notary Public, State of New York
No. 4791311
Qualified in Nassau County
Commission Expires December 31, 2023

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.



Department of Taxation and Finance

TP-584-NYC (9/19)

Recording office time stamp

**Combined Real Estate Transfer Tax Return,
Credit Line Mortgage Certificate, and
Certification of Exemption from the
Payment of Estimated Personal Income
Tax for the Conveyance of Real Property
Located in New York City**

See Form TP-584-NYC-I, Instructions for Form TP-584-NYC, before completing this form. Print or type.

Schedule A – Information relating to conveyance

Grantor/Transferor	Name (if individual, last, first, middle initial) (<input type="checkbox"/> mark an X if more than one grantor) ATLANTIC AVENUE COMMONS, LLC	Social Security number (SSN)
<input type="checkbox"/> Individual	Mailing address C/O JAY YACKOW 355 POST AVE. SUITE 201	SSN
<input type="checkbox"/> Corporation	City State ZIP code WESTBURY NY 11590	Employer identification number (EIN) 84-3073525
<input type="checkbox"/> Partnership	Single member's name if grantor is a single member LLC (see instructions)	Single member EIN or SSN 053-48-1560
<input type="checkbox"/> Estate/Trust		
<input checked="" type="checkbox"/> Single member LLC		
<input type="checkbox"/> Multi-member LLC		
<input type="checkbox"/> Other		
Grantee/Transferee	Name (if individual, last, first, middle initial) (<input type="checkbox"/> mark an X if more than one grantee) ATLANTIC 111ST LLC	SSN
<input type="checkbox"/> Individual	Mailing address 110-19 ATLANTIC AVE	SSN
<input type="checkbox"/> Corporation	City State ZIP code RICHMOND HILL NY 11418	EIN 27-3462063
<input type="checkbox"/> Partnership	Single member's name if grantee is a single member LLC (see instructions)	Single member EIN or SSN 134-80-9210
<input type="checkbox"/> Estate/Trust		
<input checked="" type="checkbox"/> Single member LLC		
<input type="checkbox"/> Multi-member LLC		
<input type="checkbox"/> Other		

Location and description of property conveyed

Tax map designation – Section, block & lot (include dots and dashes)	SWIS code (six digits)	Street address	City, town, or village	County
4-9317-21	650000	110-19 ATLANTIC AVE	NEW YORK	QUEENS

Type of property conveyed (mark an X in applicable box)

1 <input type="checkbox"/> One- to three-family house	6 <input type="checkbox"/> Apartment building	Date of conveyance 7 30 2020 month day year	Percentage of real property conveyed which is residential real property _____% (see instructions)
2 <input type="checkbox"/> Residential cooperative	7 <input type="checkbox"/> Office building		
3 <input type="checkbox"/> Residential condominium	8 <input type="checkbox"/> Four-family dwelling	<input type="checkbox"/> Contract executed on or before April 1, 2019 (see instructions)	
4 <input type="checkbox"/> Vacant land	9 <input type="checkbox"/> Other _____		
5 <input checked="" type="checkbox"/> Commercial/Industrial			

Condition of conveyance (mark all that apply)

a. <input checked="" type="checkbox"/> Conveyance of fee interest	f. <input type="checkbox"/> Conveyance which consists of a mere change of identity or form of ownership or organization (attach Form TP-584.1, Schedule F)	i. <input type="checkbox"/> Option assignment or surrender
b. <input type="checkbox"/> Acquisition of a controlling interest (state percentage acquired _____%)	g. <input type="checkbox"/> Conveyance for which credit for tax previously paid will be claimed (attach Form TP-584.1, Schedule G)	m. <input type="checkbox"/> Leasehold assignment or surrender
c. <input type="checkbox"/> Transfer of a controlling interest (state percentage transferred _____%)	h. <input type="checkbox"/> Conveyance of cooperative apartment(s)	n. <input type="checkbox"/> Leasehold grant
d. <input type="checkbox"/> Conveyance to cooperative housing corporation	i. <input type="checkbox"/> Syndication	o. <input type="checkbox"/> Conveyance of an easement
e. <input type="checkbox"/> Conveyance pursuant to or in lieu of foreclosure or enforcement of security interest (attach Form TP-584.1, Schedule E)	j. <input type="checkbox"/> Conveyance of air rights or development rights	p. <input type="checkbox"/> Conveyance for which exemption from transfer tax claimed (complete Schedule B, Part 4)
	k. <input type="checkbox"/> Contract assignment	q. <input type="checkbox"/> Conveyance of property partly within and partly outside the state
		r. <input type="checkbox"/> Conveyance pursuant to divorce or separation
		s. <input checked="" type="checkbox"/> Other (describe) pursuant to settlement

For recording officer's use	Amount received	Date received	Transaction number
	Schedule B, Part 1 \$		
	Schedule B, Part 2 \$		
	Schedule B, Part 3 \$		

Schedule B – Real estate transfer tax return (Tax Law Article 31)**Part 1 – Computation of tax due** (in addition to the tax on line 4, you must compute the tax on lines 5a and 5b, if applicable)

1	Enter amount of consideration for the conveyance (if you are claiming a total exemption from tax, mark an X in the Exemption claimed box, enter consideration and proceed to Part 4) <input type="checkbox"/> Exemption claimed	1.	0	00
2	Continuing lien deduction (see instructions if property is taken subject to mortgage or lien)	2.	0	00
3	Taxable consideration (subtract line 2 from line 1)	3.	0	00
4	Tax: \$2 for each \$500, or fractional part thereof, of consideration on line 3	4.	0	00
5a	Tax: \$1.25 for each \$500, or fractional part thereof, of consideration for the conveyance of residential real property located in New York City if the amount on line 3 is \$3 million or more (see instructions)	5a.	0	00
5b	Tax: \$1.25 for each \$500, or fractional part thereof, of consideration for the conveyance of property located in New York City other than residential real property, if the amount on line 1 is \$2 million or more (see instructions)	5b.	0	00
6	Total before credit(s) claimed (add lines 4, 5a, and 5b)	6.	0	00
7	Amount of credit claimed for tax previously paid (see instructions and attach Form TP-584.1, Schedule G)	7.	0	00
8	Total tax due* (subtract line 7 from line 6)	8.	0	00

Part 2 – Computation of additional tax due on the conveyance of residential real property for \$1 million or more (see instructions)

1	Enter amount of consideration for conveyance (from Part 1, line 1)	1.	0	00
2	Taxable consideration (multiply line 1 by the percentage of the premises which is residential real property, as shown in Schedule A)	2.	0	00
3	Total additional transfer tax due* (multiply line 2 by 1% (.01))	3.	0	00

Part 3 – Computation of supplemental tax due on the conveyance of residential real property, or interest therein, located in New York City, for \$2 million or more (see instructions)

1	Enter amount of consideration for conveyance (from Part 1, line 1)	1.	0	00
2	Taxable consideration (multiply line 1 by the percentage of the premises which is residential real property, as shown in Schedule A)	2.	0	00
3	Total supplemental transfer tax due* (multiply line 2 by tax rate, see instruction for rates)	3.	0	00

* The total tax (from Part 1, line 8; Part 2, line 3; and Part 3, line 3 above) is due within 15 days from the date of conveyance.

Part 4 – Explanation of exemption claimed on Part 1, line 1 (mark an X in any boxes that apply)

The conveyance of real property is exempt from the real estate transfer tax for the following reason:

- a. Conveyance is to the United Nations, the United States of America, New York State, or any of their instrumentalities, agencies, or political subdivisions (or any public corporation, including a public corporation created pursuant to agreement or compact with another state or Canada)..... a ☐
- b. Conveyance is to secure a debt or other obligation..... b ☐
- c. Conveyance is without additional consideration to confirm, correct, modify, or supplement a prior conveyance..... c ☐
- d. Conveyance of real property is without consideration and not in connection with a sale, including conveyances conveying realty as bona fide gifts..... d ☐
- e. Conveyance is given in connection with a tax sale..... e ☐
- f. Conveyance is a mere change of identity or form of ownership or organization where there is no change in beneficial ownership. (This exemption cannot be claimed for a conveyance to a cooperative housing corporation of real property comprising the cooperative dwelling or dwellings.) Attach Form TP-584.1, Schedule F..... f ☐
- g. Conveyance consists of deed of partition..... g ☐
- h. Conveyance is given pursuant to the federal Bankruptcy Act..... h ☐
- i. Conveyance consists of the execution of a contract to sell real property, without the use or occupancy of such property, or the granting of an option to purchase real property, without the use or occupancy of such property..... i ☐
- j. Conveyance of an option or contract to purchase real property with the use or occupancy of such property where the consideration is less than \$200,000 and such property was used solely by the grantor as the grantor's personal residence and consists of a one-, two-, or three-family house, an individual residential condominium unit, or the sale of stock in a cooperative housing corporation in connection with the grant or transfer of a proprietary leasehold covering an individual residential cooperative apartment..... j ☐
- k. Conveyance is not a conveyance within the meaning of Tax Law, Article 31, § 1401(e) (attach documents supporting such claim)..... k ☐

Schedule C – Credit Line Mortgage Certificate (Tax Law Article 11)**Complete the following only if the interest being transferred is a fee simple interest.**

This is to certify that: (mark an X in the appropriate box)

1. ☒ The real property being sold or transferred is not subject to an outstanding credit line mortgage.
2. ☐ The real property being sold or transferred is subject to an outstanding credit line mortgage. However, an exemption from the tax is claimed for the following reason:
- a ☐ The transfer of real property is a transfer of a fee simple interest to a person or persons who held a fee simple interest in the real property (whether as a joint tenant, a tenant in common or otherwise) immediately before the transfer.
- b ☐ The transfer of real property is (A) to a person or persons related by blood, marriage or adoption to the original obligor or to one or more of the original obligors or (B) to a person or entity where 50% or more of the beneficial interest in such real property after the transfer is held by the transferor or such related person or persons (as in the case of a transfer to a trustee for the benefit of a minor or the transfer to a trust for the benefit of the transferor).
- c ☐ The transfer of real property is a transfer to a trustee in bankruptcy, a receiver, assignee, or other officer of a court.
- d ☐ The maximum principal amount secured by the credit line mortgage is \$3 million or more, and the real property being sold or transferred is **not** principally improved nor will it be improved by a one- to six-family owner-occupied residence or dwelling.

Note: for purposes of determining whether the maximum principal amount secured is \$3 million or more as described above, the amounts secured by two or more credit line mortgages may be aggregated under certain circumstances. See TSB-M-96(6)-R for more information regarding these aggregation requirements.

- e ☐ Other (attach detailed explanation).
3. ☐ The real property being transferred is presently subject to an outstanding credit line mortgage. However, no tax is due for the following reason:
- a ☐ A certificate of discharge of the credit line mortgage is being offered at the time of recording the deed.
- b ☐ A check has been drawn payable for transmission to the credit line mortgagee or the mortgagee's agent for the balance due, and a satisfaction of such mortgage will be recorded as soon as it is available.
4. ☐ The real property being transferred is subject to an outstanding credit line mortgage recorded in _____ (insert liber and page or reel or other identification of the mortgage). The maximum principal amount of debt or obligation secured by the mortgage is _____. No exemption from tax is claimed and the tax of _____ is being paid herewith. (Make check payable to county clerk where deed will be recorded or, if the recording is to take place in New York City but not in Richmond County, make check payable to the NYC Department of Finance.)

Signature (both the grantors and grantees must sign)

The undersigned certify that the above information contained in Schedules A, B, and C, including any return, certification, schedule, or attachment, is to the best of their knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for purposes of recording the deed or other instrument effecting the conveyance.

			
Grantor signature	Title	Grantee signature	Title
_____	_____	_____	_____
Grantor signature	Title	Grantee signature	Title

Reminder: Did you complete all of the required information in Schedules A, B, and C? Are you required to complete Schedule D? If you marked e, f, or g in Schedule A, did you complete Form TP-584.1? If the contract was executed prior to April 1, 2019, did you attach the necessary verification? Have you attached your check(s) made payable to the county clerk where recording will take place or, if the recording is in the New York City boroughs of Manhattan, Bronx, Brooklyn, or Queens, to the **NYC Department of Finance**? If no recording is required, send this return and your check(s), made payable to the **NYS Department of Taxation and Finance**, directly to the NYS Tax Department, RETT Return Processing, PO Box 5045, Albany NY 12205-0045. If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

Schedule D – Certification of exemption from the payment of estimated personal income tax (Tax Law, Article 22, § 663)

Complete the following only if a fee simple interest or a cooperative unit is being transferred by an individual or estate or trust.

If the property is being conveyed by a referee pursuant to a foreclosure proceeding, proceed to Part 2, mark an X in the second box under *Exemptions for nonresident transferors/sellers*, and sign at bottom.

Part 1 – New York State residents

If you are a New York State resident transferor/seller listed in Form TP-584-NYC, Schedule A (or an attachment to Form TP-584-NYC), you must sign the certification below. If one or more transferors/sellers of the real property or cooperative unit is a resident of New York State, **each** resident transferor/seller must sign in the space provided. If more space is needed, photocopy this Schedule D and submit as many schedules as necessary to accommodate all resident transferors/sellers.

Certification of resident transferors/sellers

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor/seller as signed below was a resident of New York State, and therefore is not required to pay estimated personal income tax under Tax Law § 663(a) upon the sale or transfer of this real property or cooperative unit.

Signature	Print full name ATLANTIC AVENUE COMMONS LLC	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

Note: A resident of New York State may still be required to pay estimated tax under Tax Law § 685(c), but not as a condition of recording a deed.

Part 2 – Nonresidents of New York State

If you are a nonresident of New York State listed as a transferor/seller in Form TP-584-NYC, Schedule A (or an attachment to Form TP-584-NYC) but are not required to pay estimated personal income tax because one of the exemptions below applies under Tax Law § 663(c), mark the box of the appropriate exemption below. If any one of the exemptions below applies to the transferor/seller, that transferor/seller is not required to pay estimated personal income tax to New York State under Tax Law § 663. **Each** nonresident transferor/seller who qualifies under one of the exemptions below must sign in the space provided. If more space is needed, photocopy this Schedule D and submit as many schedules as necessary to accommodate all nonresident transferors/sellers.

If none of these exemption statements apply, you must complete Form IT-2663, *Nonresident Real Property Estimated Income Tax Payment Form*, or Form IT-2664, *Nonresident Cooperative Unit Estimated Income Tax Payment Form*. For more information, see *Payment of estimated personal income tax*, on Form TP-584-NYC-I, page 1.

Exemption for nonresident transferors/sellers

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor/seller (grantor) of this real property or cooperative unit was a nonresident of New York State, but is not required to pay estimated personal income tax under Tax Law § 663 due to one of the following exemptions:

- ☐ The real property or cooperative unit being sold or transferred qualifies in total as the transferor's/seller's principal residence (within the meaning of Internal Revenue Code, section 121) from _____ to _____ (see instructions).
Date Date
- ☐ The transferor/seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure, or in lieu of foreclosure with no additional consideration.
- ☐ The transferor or transferee is an agency or authority of the United States of America, an agency or authority of New York State, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.

Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

FOR CITY USE ONLY

C1. County Code C2. Date Deed Recorded / /
 Month Day Year

C3. Book C4. Page
 OR
 C5. CRFN



REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217NYC

(Rev 11/2002)

PROPERTY INFORMATION

1. Property Location 110-19 ATLANTIC AVE QUEENS 11418
 STREET NUMBER STREET NAME BOROUGH ZIP CODE

2. Buyer Name ATLANTIC 111ST LLC
 LAST NAME / COMPANY FIRST NAME

3. Tax Billing Address 110-19 ATLANTIC AVE RICHMOND HILL NY 11418
 Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form) LAST NAME / COMPANY FIRST NAME
 STREET NUMBER AND STREET NAME CITY OR TOWN STATE ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed # of Parcels OR ☐ Part of a Parcel

4A. Planning Board Approval - N/A for NYC
 4B. Agricultural District Notice - N/A for NYC

5. Deed Property Size FRONT FEET X DEPTH OR ACRES Check the boxes below as they apply:
 6. Ownership Type is Condominium ☐
 7. New Construction on Vacant Land ☐

8. Seller Name ATLANTIC AVENUE COMMONS LLC
 LAST NAME / COMPANY FIRST NAME

9. Check the box below which most accurately describes the use of the property at the time of sale:

A ☐ One Family Residential C ☐ Residential Vacant Land E ☒ Commercial G ☐ Entertainment / Amusement I ☐ Industrial
 B ☐ 2 or 3 Family Residential D ☐ Non-Residential Vacant Land F ☐ Apartment H ☐ Community Service J ☐ Public Service

SALE INFORMATION

10. Sale Contract Date 7 / 31 / 2020
 Month Day Year

11. Date of Sale / Transfer 7 / 31 / 2020
 Month Day Year

12. Full Sale Price
 (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

13. Indicate the value of personal property included in the sale

14. Check one or more of these conditions as applicable to transfer:
 A ☐ Sale Between Relatives or Former Relatives
 B ☐ Sale Between Related Companies or Partners in Business
 C ☐ One of the Buyers is also a Seller
 D ☐ Buyer or Seller is Government Agency or Lending Institution
 E ☒ Deed Type not Warranty or Bargain and Sale (Specify Below)
 F ☐ Sale of Fractional or Less than Fee Interest (Specify Below)
 G ☐ Significant Change in Property Between Taxable Status and Sale Dates
 H ☐ Sale of Business is Included in Sale Price
 I ☒ Other Unusual Factors Affecting Sale Price (Specify Below)
 J ☐ None

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

15. Building Class K, 5 16. Total Assessed Value (of all parcels in transfer)

17. Borough, Block and Lot / Roll Identifier(s) (If more than three, attach sheet with additional identifier(s))
 QUEENS 9317 21

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

BUYER

BUYER SIGNATURE DATE

110-19 ATLANTIC AVENUE
 STREET NUMBER STREET NAME (AFTER SALE)

RICHMOND HILL NY 11418
 CITY OR TOWN STATE ZIP CODE

BUYER'S ATTORNEY

PRYOR & MANDELUP, LLP

LAST NAME FIRST NAME

516 997-0999
 AREA CODE TELEPHONE NUMBER

SELLER

SELLER SIGNATURE DATE